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F.Y.I. This is a response to  
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request. -  
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Ms Gail Waller  
Mental Health Facilities Branch,  
Ministry of Health  
6th fl - 15 Overlea Blvd  
Toronto M4H 1A9

29 April 1991

Dear Ms Waller,

Your memo to Howard Danson of 26 September 1990 continues to confuse issues related to environmental sensitivities, to the disadvantage of the issues and the persons affected.

Some statements must be clarified.

1) I did not, and do not recommend that "every patient" with a diagnosis of 'manic depression' be sent to a doctor specializing in environmental medicine. I have repeatedly recommended, for about ten years now, that it would be prudent for your officials and medical personnel to work with doctors familiar with these problems to establish a means of rescuing those patients whose problems are caused or significantly exacerbated by environmental sensitivities, and to establish a policy of checking for sensitivities before embarking on other potentially damaging psychiatric interventions.

These suggestions are supported by provincial reports and medical literature which has been in the possession of the Ministry of Health for several years.

2) I have no idea who would feel that "This testing would be considered incomplete unless it includes serial dilution titration testing".

Scratch testing is inadequate to identify sensitivities, especially those of a non-immunological nature. Removal/re-introduction testing in an environmental control unit, and the patient interview/journal is probably a reasonable means of preliminary assessment, as I have stated to your office for several years. (These methods are recommended in the recent workshop report distributed by the federal Laboratory Centre for Disease Control, by Thomson, and by the Ashford Miller Report. By the way, did you know that the New Jersey State Department of health received an

award from the World Health organization for their work on sensitivities?)

3) I do not think, nor have I stated that people with mood swings are the most often misdiagnosed and mistreated of those with undiagnosed sensitivities. A cursory look at "symptoms reported by patients" in the appendices to the Thomson report would reflect my impression of high risk groups, and I have repeatedly informed you of this.

4) I object to the Zimmerman report for the same reasons I and many others objected to Zimmerman's appointment. Zimmerman acts unethically. He places more importance on our ability to explain the physiology involved in various kinds of sensitivities than he does in respecting the experience of persons who have them.

Some of Dr. Zimmerman's actions are unethical. For instance, I have him on tape agreeing that the tests used by "clinical ecologists" are helpful in tracking down what people are reacting to. But his report contradicts his privately expressed opinion.

5) I would support Judge Thomson's statement that it is "clearly untenable" to suggest that "all medical treatments are based on sound scientific research". In the case of the Ministry of Health, your position must be worse than untenable, in that we are not talking about treatment, or even an etiology, but only about whether a patient's complaint is credible. Ethics require science (evidence) to counter rather than give credence to the person's experience.

5) I was glad to read your acknowledgement that the Thomson Report, prepared for the Ministry of Health in 1985, is supportive of my cause. It raises the question of why your branch hasn't acted to prevent ongoing damages it is causing to psychiatric patients whose problems are caused or exacerbated by sensitivities. Instead, you have worked hard at interpreting such reports (and my representations) in a way that maintains the abuse.

6) While your description of the experience of thousands of persons as "sketchy evidence" is insulting to those persons who have escaped mistreatment in mental health facilities, it hurts the ignorant (and innocent) far, far more. At some future date you and Dr. Draper will have, no doubt, an opportunity to explain this and other

unsupported but disparaging statements to psychiatric and other health consumer groups.

I was surprised to learn from you today on the phone that you have not read the bibliography in the report "Healthy Environments for Canadians", that you have not contacted the Canadian Mental Health Association, Health and Welfare, or the Canadian Psychiatric Association, to find out what they are doing to pursue this issue.

I was surprised to hear you state that the Thomson report "was not accepted" by the Ministry of Health.

Your statement that I am "the only person bringing this issue forward" is possible only because you have (negligently) refused to explore other sources you have been informed of.

Your Branch's increasingly obvious dedication to bamboozling a sensible discussion of these issues, while allowing psychiatrists to act in a bigoted, damaging, and otherwise discriminatory manner simply because they are "experts", sustains continuing abuse; it is a continuing horror.

It is not my going to other authorities that will be "unflattering" to your branch, but your own lengthy record of bias, negligence, and denial of both personal and professional responsibility. May I suggest reading Fromm, Frankl, or even Sartre. You've obviously already studied Kafka intensely.

Sincerely

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